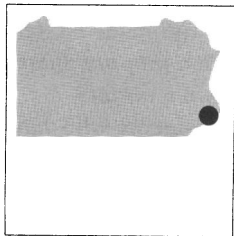


Covenant House, Philadelphia, Pennsylvania

HELEN NEAL



In 1964, 10 residents of Philadelphia's Germantown who had been meeting regularly for Bible study and prayer formed a covenant, a pledge to seek a mission in a blighted area of their parish. The Covenant Group borrowed money and bought a small dilapidated house in a run-down neighborhood. Two members of the group, Dr. Jennifer Allcock, a pediatrician, and Joan Hemenway, a journalist, moved into the house, renovated it, and organized a nursery school, library, and tutoring service for children. It soon became evident that what was most needed was medical care for children.

In 1965, Dr. Allcock opened a nonprofit pediatric clinic in Covenant House. Since then, services and support have increased. Covenant House, now a complex of three buildings, including the original house, is a nonprofit community health center, serving more than 6,000 children, teenagers, and adults. Its pediatric, teenage, and adult medical services, outreach programs, comprehensive dental care for those under 20, and health education are funded by grants and contracts from Federal, regional, and State agencies; private foundations; individual donors; and patients' fees.

When accredited as a National Health Service Corps site in 1978, Covenant House added three Corps members — two physicians and a nurse practitioner. Attracted to Covenant House because their concepts of delivering first-rate health care coincided with Dr. Allcock's, they tell about their challenges, frustrations, satisfactions, and their reactions to the special demands of giving medical and health care in the unique setting of Covenant House.

COVENANT HOUSE might never have come into existence had there not been a civil rights rally in 1963 at the First United Methodist Church of Germantown. Some 600 people attended that meeting and heard Andrew Young, then Martin Luther King's close advisor, give an impassioned report on the bloody encounters between blacks and whites in Alabama and the conditions of black life in the South. In the audience were two young women who planned to go to Africa, one as a pediatrician and the other as a member of the Peace Corps.

British-born Dr. Jennifer Allcock and Joan Hemenway, writer and editor, were deeply moved by the rally and impressed by the courage of the Methodist Church leaders to identify openly with the controversial race issue. Later, they attended church services, joined an instruction class for new members conducted by Kenneth Conners, and participated in a retreat at which those present explored ways of serving poor people living in an inter-racial neighborhood in the church parish. The retreat lead Dr. Allcock

Helen Neal is the author of "The Politics of Pain."

and Miss Hemenway to reassess their plans to travel thousands of miles to help disadvantaged blacks in Africa when there were thousands of disadvantaged blacks in Philadelphia. A blighted section of their city would not be so exciting as an African village, but might there not be greater spiritual rewards, more fulfilling service?

Search for a Mission

In March 1964, the two women with eight other persons from the church formed a Bible study group. The group made a covenant, a pledge to seek a mission in the Germantown section of Philadelphia. There was no set goal, no definition of the service that might be given. There was only an inspired sense of purpose. To implement whatever future plans might evolve, members of the group pledged a monthly sum. They agreed to give time, talent, and resources to finding a way to serve and to foster the spirit of ecumenism in whatever activity they eventually undertook.

Dr. Allcock decided to stay in the United States and continue teaching pediatrics at what is now the Medical College of Pennsylvania. The

Covenant Group continued to meet weekly for Bible readings, prayer, and discussion, but they needed a place within the area they had selected for their as-yet-undefined mission. In historic Germantown they found on East Brighthurst Street a small house, in disrepair but cheap. Another physician, also a member of the church, loaned the money to buy the house. With the signing of the deed, Covenant House became a reality. Dr. Allcock and Joan Hemenway agreed to give up their own comfortable living quarters and move into the dilapidated house.

As Kenneth Conners recounts in his book, "Stranger in the Pew," the Covenant Group worked nights and weekends to transform the house into a liveable dwelling. As word spread through the almost totally black neighborhood that two white, middle class women had moved into the little house, there was much speculation. To some of the neighbors, the new arrivals gave the street a certain status, but not all of the neighbors took a positive view. There was suspicion, curiosity, speculation about their motives. Curtains were pulled back from windows when friends of the two

women "came in their shiny cars, bringing great bundles of things, then meeting until midnight, singing hymns, and filling the immediate vicinity with laughter."

What was it all about? It wasn't an agency. There was no sign over the door. Each morning the two young women buzzed off in their Volkswagens and returned in the evening. But they lived in the neighborhood, bought their groceries where the neighbors did. Their friendly greetings to passersby were not always returned.

The grown-ups may have been wary and diffident, but not the neighborhood children. They came to play in the spacious backyard. When no one ordered them out, they took over the yard as their private playground. Soon they got to know which lady was Miss Jennifer and which Miss Joan. When cold weather came, the yard was no longer a good playground. The children had seen an empty room on the first floor of the house, and a few of the bolder ones asked Miss Jennifer and Miss Joan if they could use the empty room as a club. Of course.

The Covenant Group supplied toys, games, and books. Within 9

months, children with reading problems had tutors — volunteers from the Methodist Church, a Catholic priest, several nuns, and college students. Tutoring expanded to outings. Most of the children in the neighborhood had never gone beyond a few blocks from their houses, had never ridden on a bus or subway, had never been inside a department store. Dr. Allcock and Miss Hemenway were learning something about the price of poverty.

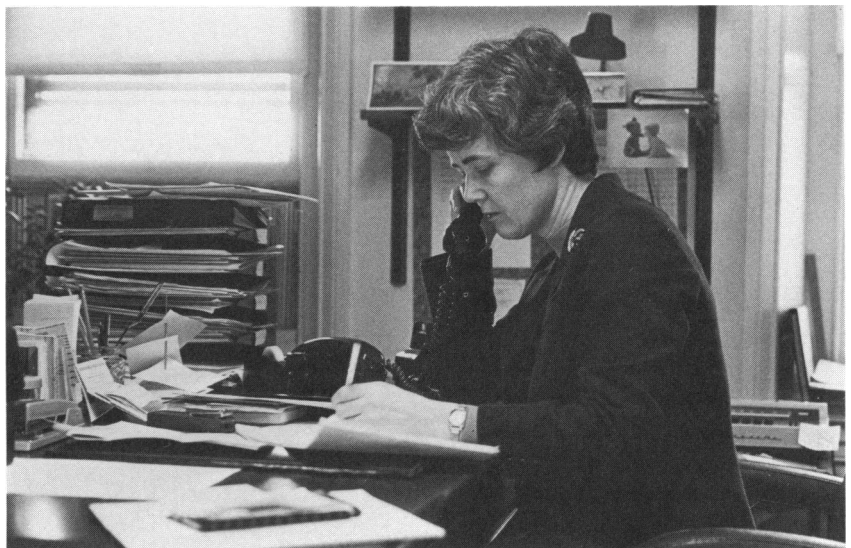
They were learning, too, that poor children live in and play in the streets; they fight and fall in the streets; they break bones, puncture skin, and get bloody noses. The neighbors soon knew what the postman had known from the beginning: Jennifer Allcock was a doctor. At first the doorbell rang for emergencies. But with the passing of time, the bell rang more frequently for medical help.

Was this the mission they had been waiting for? Had they heard rightly the voice of the neighborhood? With the kind of consensus that had typified their activities for a year and a half, the Covenant Group decided that they had found the mission. In 1965, Dr. Jennifer Allcock opened a pediatric clinic.

The Pediatric Clinic

“Once Covenant House was launched as a pediatric unit,” Dr. Allcock told me in her small, crowded office on the second floor of the original house, “Joan left to study theology at the University of Chicago Divinity School. By then we had a girls’ club, a sewing class, and a mothers’ club run by local residents who took considerable pride in conducting those programs. The medical services, though, could not be duplicated by any other neighborhood group. So, that became our primary program.”

Though I had read about Dr. Allcock, I was unprepared for her in



One of the founders of Covenant House, Dr. Jennifer Allcock, at work in her office on the second floor of the original building

reality. None of the reports about her had mentioned that she was pretty, petite, and in her early forties. She had welcomed me in a pleasing British accent as if to her own home which, I realized during my visit, Covenant House really was though she no longer lived in it.

At the weekly meetings of the Covenant Group after the pediatric clinic was opened, administrative concerns crowded out the Bible sessions and worship. “We needed a board of directors to develop policy and handle business matters,” Dr. Allcock said. “We disbanded the original Covenant Group in 1967 and organized a board of directors with one member from each of the families in the original group, plus a number of residents elected from the neighborhood.” Kenneth Connors was elected chairman of the board and has continued to be reelected to that position.

Today, black and white residents serve on the board of directors and on the neighborhood advisory board of Covenant House. Suzanne Tracey, a member of the board, became interested in the medical unit shortly after she moved into the neighborhood in 1972. It was no

“mill clinic” with lines of mothers and their children standing outside in all weathers. It was an orderly place where patients were seen by appointment. That was important to people whose self-esteem is eroded relentlessly by waiting in lines for welfare checks, unemployment compensation, food stamps, and for medical care. The patients at Covenant House did not stand in line.

Mrs. Tracey expressed her interest; she wanted in some way to be a part of this enterprise that contributed in so many ways to the stability of the neighborhood. She was eventually invited to become a member of the board. During her tenure, she has learned about the problems of administering a complex health center that serves an area of about 6 square miles in a populous city. The regular staff of Covenant House numbers 27; physicians, nurse practitioners, health aides, a social worker, a family planning counselor and teenage outreach specialist, the clinic manager, registrars, receptionists, record and appointment clerks, a data coordinator, and telephone operator. Besides the regular staff physicians, six physician consultants provide specialized services.



Covenant House added adult primary care services in April 1978. Many young people who started their medical care with a Covenant House pediatrician can continue to receive care

It is estimated that in 1979 more than 6,000 children, teenagers, and adults will make 15,000 visits to Covenant House for medical and health education services. The 1979 budget is \$600,000. Funds come from Federal, State, and regional agencies, private foundations, individual donors, and patients' fees. Covenant House now offers pediatric services, teenage health programs, family planning and counseling, adult health care, and, through contracts with outside providers, comprehensive dental services for patients under 20 years of age.

To her neighbors, Mrs. Tracey is a spokesman for Covenant House and an interpreter of policies and problems. In turn, she brings to the board ideas from the neighbors. Verna Simpkins, a teacher and board member, represents Covenant House not only to her neighbors but also to area schools and community organizations.

The neighborhood advisory board provides a more formal liaison between the community and the board of directors. As new programs proliferated, Dr. Allcock was obliged to hire a part-time director

who is on both the neighborhood advisory board and the board of directors and coordinates the programs.

The first coordinator, a black woman who holds a fine arts degree from the Chicago Art Institute, had an anxious moment shortly after she took over her job. The leader of a local black militant group imperiously entered Covenant House and demanded to know who ran the place and when they were having the next meeting. He told the coordinator his group believed they should have a hand in running the medical center.

Eying him coolly, the coordinator said quietly, "You'd better leave, man. This is our place, and it's a private activity. And we're in charge. We aren't afraid of you, and we're not going to be pushed around. So, goodbye." Deflated, the militant left and that was the last they heard from him.

Plusses and Minuses of Growth

In 1972, the American Academy of Pediatrics announced a nationwide competition for four awards to show the feasibility of privately directed, but federally funded programs to provide quality medical service to underprivileged children. Each grant, totalling \$300,000, would cover a 3-year period. It was an exciting opportunity and challenge. Winning one of the four awards would drastically enlarge the scope of Covenant House operations — expanded facilities, more staff, statistical reports, and the inevitable administration problems. Then, too, as the amount of the funding decreased in the second and third years, it would be necessary to obtain replacement money not only for those years, but for the years to follow.

It was an anxious time, Kenneth Connors recalls, when the board de-

bated whether or not to take the risk. What tipped the balance was the fact that the life expectancy of several thousand youngsters could be significantly increased through such a program. The board of directors told Dr. Allcock that if she felt the expansion could be accomplished without sacrificing the quality of medical care and without losing the warm rapport, Covenant House should try for one of the grants.

After months of preparation and consultation with the board, Dr. Allcock presented the Covenant House proposal to the Pennsylvania Chapter of the American Academy of Pediatrics. Six months later Covenant House learned it had won an award.

The board decided the quickest, least expensive way of expanding space was to use the backyard of Covenant House. Working with an architect, Dr. Allcock designed the interiors of 3 prefabricated elements, 60 feet by 12 feet, that were to be joined into 1 unit. The three units provided Covenant House with a new waiting room, six pediatric offices and family planning facilities, a laboratory, kitchen, conference room, and records office. In a few years, the staff would double.

Covenant House, with its superb medical director who has never lost her original sense of mission, has attracted a staff that shares her philosophy: the finest of service to those who in every other way are disadvantaged. Three of her professional staff are members of the National Health Service Corps, two young physicians and a nurse practitioner who chose to practice in Covenant House because its aims match theirs.

Corps Internist

After his residency at Temple University in Philadelphia, Dr. Robert Trump wanted to work with people who ordinarily would not



Twenty-seven staff members provide health care services from the Covenant House buildings

have excellent medical care. He selected a clinic in a ghetto area in Philadelphia. Instead of practicing high quality medicine, he found himself in a mill clinic run for profit. The profits were dependent on the number of patients processed and costly diagnostic tests. After a few weeks, he was "mill shocked" — and rebellious. The clinic owners reminded him that the clinic could not make a profit if its physicians spent too much time with patients. When Dr. Trump responded that he had a different concept of medical practice, the clinic director suggested that he might be happier in a different setting. Dr. Trump agreed. Soon after leaving the clinic, early in 1978, he saw an advertisement in *The New York Times* for a family practitioner or internist. The job promised a "challenging role in the expansion of a non-profit community health program."

During his first interview with Dr. Allcock at Covenant House, Dr. Trump felt what he describes as

"the goodness of the place." In September 1978, he joined the staff of Covenant House as a member of the National Health Service Corps.

"I chose Covenant House," he said, "because of its medical philosophy and the kind of community it serves, and also because as an internist, I could practice in my medical specialty. Most of my patients here are teenagers and adults. At first, some of my adult patients were a little wary of me. I guess they expected me to look like Marcus Welby, MD. A doctor who doesn't wear a white coat, no matter how many degrees decorate his office wall, seems, to some patients, to lack credibility. But though I've found some resistance among adults, there's no problem with the teenagers. They're more at ease with a doctor who dresses casually and who is closer to their own age."

In April 1978, Covenant House added adult primary care services. Dr. Trump's practice includes many mothers who had been bringing

their children for care and are now coming to the unit for treatment of their own medical problems. "Many young children who started their medical care at Covenant House 8 or 10 years ago now, as teenagers, continue to receive treatment. But now they have social problems as well," Dr. Trump explained, "so our staff includes Beverly Ginsberg, a social worker, and Donna McSween, who handles the teenage outreach program. We have few male patients, some teenage boys, many of them patients who came here as small children, who are assigned to me."

Dr. Trump occasionally encounters among his adult patients a kind of medical snobbery, especially among those who in better days had private physicians. "The only way you can overcome that attitude is by giving the best possible medical care," he says. "Directly and even indirectly, that kind of care educates patients. Even though they may not express it in words, even very poor



The pleasant waiting room is part of Covenant House's recently constructed addition

patients with limited education and experience know when they're getting first-rate care. Part of that care is the way you interact with them, the way you touch them when you're doing an examination, your attention, and the comfort you give them.

"When I'm doing a physical exam, I explain what I'm doing and why. I tell patients before a rectal examination that it's not a pleasant or easy experience either for them or for me, but I explain why it's important. Some days when I've seen one sore throat after another, I get bored talking about sore throats. With some patients I can admit that it's been a trying morning and that I may seem out of sorts. That's not the Marcus Welby technique perhaps, but it lets the patients know that they're dealing with a human being like themselves.

"Not all patients respond favorably to that," he admits. "It offends their sense of a god-like image of the physician. And some don't respond because in other medical settings they've been treated as if they were too stupid to understand what is the matter with them medically, and they are used to a barrier between themselves and the physician. Those patients are apt to respond with an attitude of, 'It's not your job to explain. Just cure me.' It's not easy to

turn people around from the deification attitude or from their low self-esteem, but if you persist, you generally see them begin to take an interest not only in what you're telling them, but in themselves. You can sense a feeling of their own worth and it's a gratifying experience that goes beyond knowing you're giving good medical care. And that's one of the reasons I'm here."

Corps Pediatrician

Dr. Pamela Rogers's reasons for choosing Covenant House are much the same as Dr. Trump's. A graduate of Temple University Medical School, she took her pediatric residency at Thomas Jefferson University Hospital in Philadelphia. During her training, she saw in various medical settings the substandard care given to indigents: cursory physical exams, pills without explanations, "cases," not people.

Covenant House offered the opportunity to practice pediatrics as she believed it should be practiced. Dr. Rogers, who is married and has two small children, lives in Germantown, knows the area well, and the type of patients she sees professionally. Like Dr. Trump, she has encountered some resistance from adult patients, not only because of her obvious youth but because she is a woman and white.

At Dr. Allcock's suggestion, she hung her framed degrees in her office. "This helps create acceptance," Dr. Rogers says. "Some patients on their first visit, look at the degrees and say, 'These yours?' You can almost feel a stirring of respect. But it doesn't work with every patient. Some patients are almost hostile in their attitudes. It can be open, like pouty behaviour, no eye contact, or complaints about the medicine not working, blaming me. But my training fortunately prepared me for this type of reaction when I was dealing with poor people

whose hostility is understandable. It can be overcome with time and patience and gradually getting over to them that you want to help them."

Much harder for this young physician, imbued with high standards of medical practice, is coping with the denigrating attitude some patients have toward the "public doctor." "Even many poor people who have never been able to afford a private doctor have this attitude," Dr. Rogers says. "In a way, it's a reflection of their own low self-image. It's as if they feel that a doctor who devotes his or her full time to treating *them* must not be a first-rate doctor, for what first-rate doctor would choose to give medical care to the likes of them?"

"Then there's the distorted television image of medicine that we're up against. In that phony world, appearances are everything: the white coat, the grave manner, the infallible decisions, in other words, a medical paragon. That's what sticks in people's minds as the ideal doctor."

The "public doctor" image is especially rampant among formerly affluent white patients who take out their resentment toward fate on physicians at Covenant House. "I find this attitude very hard to deal with," says Dr. Rogers. "What is most discouraging is that these patients are unaware of the quality of medical care that we give."

At the same time, she sees many patients who have been through clinic mills, "who know the difference and appreciate the kind of care we give. We need that appreciation. It helps, no matter how dedicated you are."

For Dr. Rogers, Covenant House is like being in private practice because of the continuity of care. This means there is ample opportunity for educating patients as they are being treated, teaching them about their bodies and how to keep well, a primary objective at Covenant House. "So many mothers have

a distorted attitude about their children's health. They're often unable to distinguish between serious and mild afflictions. They panic when the slightest problem arises. They've been taught on TV that there's a remedy for everything. The body isn't given credit for its curative powers. Sometimes it's exasperating to be confronted by every little problem, diaper rash, insect bites, and ordinary colds that really do not require a doctor's attention. But part of our job is to help mothers distinguish between the trivial and the serious or potentially serious ailment. That's only part of our patient education," she adds. "We are supportive in other important ways through our nonmedical services. At Covenant House, we deal with the total patient. And *we* benefit from the quality of care we give. In a dehumanized system of medical care, doctors lose their ability to care, get calloused. Here, our respect and concern for our patients is reflected back at us."

Choosing Staff

When selecting physicians and other practitioners for her staff, Dr. Allcock looks for an interest and belief in team medical practice and for an interest that extends beyond the site itself into the community where the patients live. "Doctors," she states, "should know how their patients live, what are their non-medical concerns, their worries about money, jobs, families, their hopes. That takes a long time, learning about patients and how they live."

Dr. Allcock says it is important for medical practitioners who join Covenant House to be willing to spend 2 or 3 years there, for themselves as well as for their patients. They learn a type of medical practice that is not crisis medicine, though that is part of it, but rather individualized medicine and health care. In the course of treating pa-

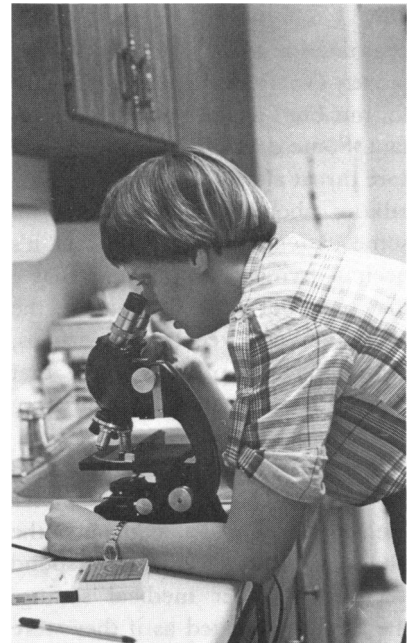


Dr. Allcock talks with a clinic patient. She believes that physicians should know how their patients live, what their worries and nonmedical concerns are

tients, physicians on the staff continue learning from Dr. Allcock's direct or indirect instruction. "Young doctors, for instance, are apt to want to do everything *now* instead of pacing care," says Dr. Allcock. "It's hard for them to learn how to cope with this internal pressure to do it all at once. It takes a while for them to learn to pace care."

Dr. Allcock has found that some physicians prefer to move into a setting where administrative and practice policies have already been established. Once on the staff, they have no desire to get involved in administration. Others — "frontier types," she calls them — want a part in preparing the guidelines for medical practice. They want to make their individual imprint on the practice, an attitude Dr. Allcock welcomes.

She also favors practitioners who intend to teach and do research in an academic setting. "The young physicians we have should be the



Equipment in the Covenant House laboratory facilitates diagnosis by Dr. Pamela Rogers

role models for young students coming along. I think the NHSC is making a contribution toward changing



Covenant House staff don't wear the "white-coat" uniform. Casually clad Dr. Pamela Rogers and Deborah Sherman, nurse practitioner, share an intense concern for quality health care

the image of the doctor by giving its Corps members a chance to practice the type of medicine they believe in. Fortunately, the objectives of the NHSC and Covenant House coincide.

"At first," Dr. Allcock says, "some young doctors just coming out of the white-coat cocoon of hospital residency have a little trouble adjusting to the more informal atmosphere of Covenant House. The white coat is a uniform that gives status and acceptance. But our staff members don't wear white coats. I discovered a long time ago that the white coat frightens some children. And our young doctors discover that genuine status and respect come from the quality of their care and concern. And when they realize that, the white coat ceases to be a sort of security blanket."

One of Dr. Allcock's requirements for staff physicians is that they accept, not merely in principle,

nurse practitioners as members of the medical team. Nurse practitioners encounter prejudice in some settings, but not at Covenant House.

Corps Nurse Practitioner

Deborah Sherman joined the Covenant House staff as a nurse practitioner and member of the NHSC in June 1978. A graduate of the University of Virginia School of Nursing, she took her master's degree at the University of Northern Colorado and received her accreditation as a nurse practitioner in a pilot program given by the U.S. Navy in conjunction with the University of California at San Diego. Her interest in health maintenance and in treating the family as a unit led her to Covenant House where she conducts a clinic for teenagers, teaching them health and sex education, physiology, and facts about VD. Ninety percent of her patients are children and teenagers.

Adolescent pregnancy is one of the most serious problems she deals with. Sex education helps somewhat, she concedes. "But what we're dealing with is young unmarried girls who *want* babies. So many of these girls have a profound need to own something and a baby is their very own possession. In some instances, a girl has a baby because her boyfriend wants her to have it. It's something he can boast about. It's part of the macho mystique. He has made a baby, therefore he's a man. So, to please their boyfriends, the girls have the babies, but the boys dodge their responsibilities toward the child. Sex education doesn't have much effect on those boys who disdain any form of birth control."

Balanced against some of the deep frustrations of Mrs. Sherman's job is the challenge of dealing with different cultures, each with its own set of values and each requiring a different approach. But in all her work she focuses on wellness, not on pathology. "It's surprising," she says, "how that shift in point of view affects the attitudes of patients and of practitioners, too."

Mrs. Sherman believes that when it comes to focusing on wellness, it's the middle and upper classes that get short shrift in the medical system. "They go to a doctor when they have a pain or some other symptom," she says. "But, unless they're in a health maintenance program, they learn very little about their medical problem and nothing to speak of about the concept of wellness care. Here at Covenant House, our patients get far better total health care. Part of our job is to keep people out of hospitals, to keep them functioning. Sick people can't keep jobs, so poor health is one factor in tying people to poverty."

Mrs. Sherman, during her first interview, felt an immediate affinity with Covenant House when she found that she did not have to explain to Dr. Allcock what a nurse

practitioner was. Dr. Allcock was thoroughly informed, having trained and used nurse practitioners herself for the past 10 years. "Dr. Allcock's attitude about the role was important to me. It wasn't necessary to sell her on the idea. She knew all about it and wanted a nurse practitioner as part of her team." Some physicians may feel threatened by nurse practitioners, but there's no such attitude at Covenant House. The staff physicians handle the problems that require their expertise. Sometimes staff physicians find, after examining a patient, that the problem can best be handled by another staff member or that another specialist should be consulted about the problem. When the situation calls for it, they transfer patients from one to another, after explaining the reason to the patient so there will be no feeling of being abandoned or shunted around. In some instances, patients are treated in a collaborative effort.

Teaching patients as well as treating them requires special skill. "We have to learn their language," Mrs. Sherman explains. "And we have to learn how to interpret behavior that is strange to us, to watch for clues in mannerisms that may be more informative than what the patient is saying." From the children, she usually gets messages directly. Sometimes the message from the child is at odds with what a mother reports, so Mrs. Sherman must resort to inductive and deductive reasoning and intuition. "In a way," she says, "it's like being a detective."

Social Worker

The medical staff at Covenant House has an important adjutant in Beverly Ginsburg, the social worker. When I entered her office, she was talking on the phone, her voice and manner that of one friend to another, but I soon realized that this

was a professional call. She was urging a young mother to get the medicine her child needed, explaining why it was necessary, and reminding the mother of the consequences when she had neglected to get the medicine. By the time she had finished talking with the young mother, there was no doubt that she had convinced her.

"I work with the whole family on this job," Miss Ginsberg told me. "There are a lot of teenage problems in this area. If a girl doesn't come home one night, or disappears for a few days, her mother may call me for help. Sometimes it's the girls themselves who call or come here to talk things over, a bad home situation they are running away from or trouble with a boyfriend. I get calls when a welfare check is lost or stolen. The delay of a check can be a disaster for so many of our patients who live right on the financial edge."

During my visit, we were interrupted by phone calls, one after another, which Miss Ginsberg answered, listening, cajoling, talking at times like a slightly older sister, very much concerned, and part of the family. She is routinely consulted when Covenant House physicians, seeing a child for medical reasons, notice that the child seems over-active or depressed, or sense the child's or family's need of something more than medical help. She also works closely with the teachers and counselors at the local schools. "If a child is absent from school because of illness or family problems, a teacher may call me if she thinks the child needs special help," Miss Ginsberg explains. "I either handle the situation myself or refer the family to a community agency that might be better able to handle a complex family situation. Maybe a child is ill in a home when the heat has been turned off because a bill wasn't paid. Or for some reason the food stamp card has been

delayed and there's no food in the house. There's no way of separating health care from all the ramifications that influence health itself."

With Miss Ginsberg, I visited Wister School, a public school attended predominantly by black children. The building was quiet and orderly, the halls neat, the floors shiny, the walls decorated with paintings and drawings from art classes. In our encounters with teachers and counselors, there was no doubt about their positive attitudes toward Covenant House. Similarly, at Waring House, a community settlement house, a young program director was as ready as the counselors at Wister School to emphasize his agency's useful links to Covenant House.

Socially and economically, the neighborhood of Covenant House is a twilight area, marked neither by the smart paint of middle-class achievement nor by ghetto despair. While the city of Philadelphia revitalizes itself with billion-dollar projects, soaring buildings, and dazzling new shopping galleries, in this rundown area of Germantown changes are taking place at the social molecular level, as invisible as hope, pride, and self-respect always are.

In 1964, 10 people came together and made a covenant: they would seek a way of serving people in their parish area who were poor, demeaned, and shunted aside by society. In 1979, Covenant House is the manifestation of that idealistic pledge. "The goodness of the place" radiates from the nondescript little buildings on East Brighthurst Street to thousands of patients. It affects the thinking and attitudes of the community members who help guide the programs. For the young physicians and other health professionals on the staff, it is a learning and nurturing place. For Dr. Allcock and Kenneth Connors, it is the daily fulfillment of the covenant made years ago.